

Module 1: Who We Are & Our History



Module Objectives

After this module, you should be able to:

- Understand the Military Health System's organization
- Identify the TRICARE regions
- Explain the purpose of the National Defense Authorization Act (NDAA)
- Define TRICARE and how it evolved to its present program



The Military Health System (MHS)

- The Military Health System is the fully integrated healthcare system of the Department of Defense (DoD)
- It includes every facet that is used to provide healthcare, including medical personnel, facilities, programs, and funding



Mission and Vision of the MHS

The Mission of the MHS:

- To provide optimal Health Services in support of our nation's military mission—anytime, anywhere

The Vision of the MHS:

- The provider of premier care for our warriors and their families
- An integrated team ready to go in harm's way to meet our nation's challenges at home or abroad
- A leader in health education, training, research, and technology
- A bridge to peace through humanitarian support
- A nationally recognized leader in prevention and health promotion

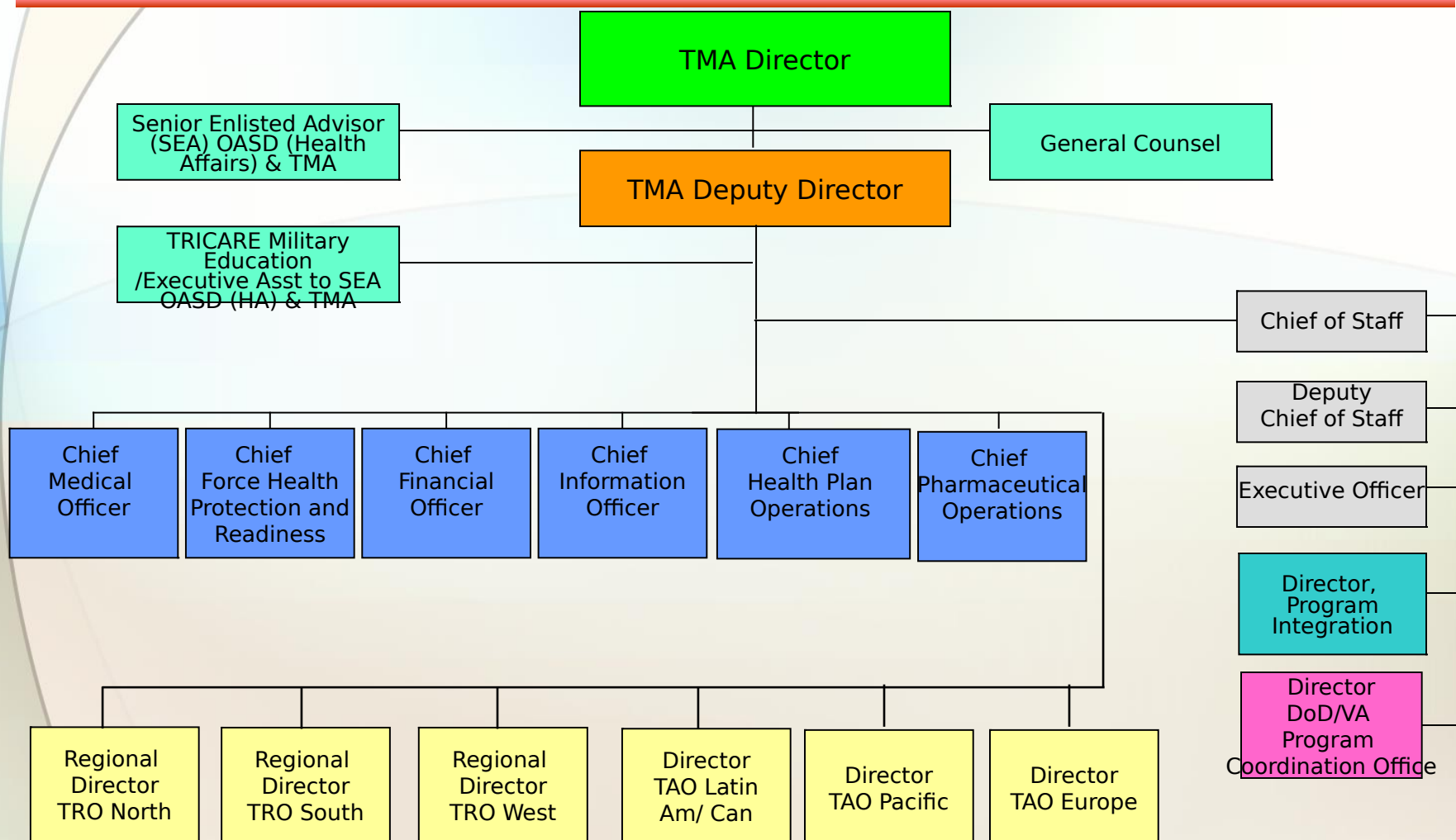


TRICARE Management Activity (TMA)

- Since February 1998, TRICARE Management Activity has managed the TRICARE healthcare program for active duty members and their families, as well as others that are entitled to DoD medical care
- As a chartered organization, TMA operates under the authority of the Assistant Secretary of Defense for Health Affairs
- TMA has two operating locations: Falls Church, Virginia, and Aurora, Colorado
- TMA has three stateside health service regions, each with its own TRICARE Regional Office (TRO) and Regional Director
- The overseas regions are also organized into three overseas health service regions, each managed by TRICARE Area Offices (TAO)



TMA Organizational Chart



TRICARE Regional Offices (TROs)

The TRICARE Regional Offices (TROs) are responsible for managing regional contractors and overseeing an integrated healthcare delivery system in the three United States-based TRICARE regions



The TROs are designated:

- TRICARE Regional Office-North
- TRICARE Regional Office-South
- TRICARE Regional Office-West



Managed Care Support Contractor (MCSC)

- Each TRICARE region in the United States has a Managed Care Support Contractor (commonly referred to as “regional contractor”) whose role is to help support and augment health services
- This is accomplished by developing a network of civilian hospitals and providers to meet the healthcare needs of TRICARE beneficiaries
- MCSCs and TRICARE Regional Offices receive overall guidance from TMA



TRICARE Area Offices (TAOs)

There are three overseas region

- **TRICARE Eurasia-Africa**
- **TRICARE Latin America/Canada**
- **TRICARE Pacific**



The TRICARE Area Offices are responsible for the development and execution of an integrated plan for the delivery of health care within each overseas area



Military Treatment Facility (MTF)

- The MTF is a military medical facility that may provide inpatient, outpatient, and/or ambulatory care to eligible TRICARE beneficiaries
- MTF capabilities vary, from limited acute care clinics to teaching and tertiary care medical centers
- MTF capabilities are augmented by civilian TRICARE authorized providers or overseas providers to ensure TRICARE beneficiaries have timely access to quality healthcare



TRICARE Service Centers (TSC)

- TRICARE Service Centers (TSCs) are staffed with beneficiary service representatives that perform the following functions:
 - Explain TRICARE benefit, enrollment, and eligibility information
 - Assist with Prime Enrollment
 - Select primary care managers (PCM) and assist beneficiaries with the PCM change form
 - Inform beneficiaries of their claims' status and help them resolve claims issues
 - Provide information about TRICARE network providers
 - Help beneficiaries report fraud
- To locate a TSC: tricare.mil/contactus/



National Defense Authorization Act (NDAA)

- The National Defense Authorization Act (NDAA) falls under the jurisdiction of the Senate and House Armed Services Committee and provides statutory direction across all DoD programs by establishing, changing, or eliminating programs and activities
- Under NDAA, Title VII refers to Health Care
 - NDAA formally establishes and funds TRICARE in public law



TRICARE

- TRICARE is the Department of Defense healthcare program serving:
 - Active duty service members (ADSMs)
 - Retirees
 - Families of active duty members or retirees
 - Survivors and certain former spouses worldwide
- TRICARE brings together the healthcare resources of the Uniformed Services and supplements it with networks of civilian healthcare professionals, institutions, pharmacies and suppliers



TRICARE Evolution: 1775 - Pres

1775

In July 1775, Congress established a “hospital” (technically a medical department) in Massachusetts. It was staffed with a Director-General (chief physician), four surgeons, an apothecary (pharmacy), and nurses (who were usually wives or widows of military personnel) to care for military members.

1818

In 1818, Secretary of War John C. Calhoun established a permanent medical department.



TRICARE Evolution: 1775 - Pres

1884

A Congressional directive in 1884 established the first rudimentary health system for military members, stating that “medical officers of the Army and contract surgeons shall whenever possible attend the families of the officers and soldiers free of charge.”

1943

In 1943 Congress authorized the Emergency Maternal and Infant Care Program (EMIC). This program provided maternity care infant care (from birth to age one) for the wives and children of Service members in the lower four pay grades. This program was administered through state health departments.



TRICARE Evolution: 1775 - Pres

1956

December 7, 1956 saw the birth of the Dependents Medical Care Act. This Act authorized the DoD to contract medical care to civilian healthcare plans in order to provide adequate healthcare for family members of active duty soldiers and retirees.

Later, amendments to this Act laid the foundation for what would be called the Civilian Health and Medical Program for the Uniformed Services, or “CHAMPUS.”

1966

On October 1, 1966 the Civilian Health and Medical Program for the Uniformed Services (CHAMPUS) was established. Subsequently, CHAMPUS served the military for over 30 years as a cost-sharing program.

On January 1, 1967, CHAMPUS was revised so that retirees, their family members, and certain surviving family members of deceased military sponsors were eligible for the program.



TRICARE Evolution: 1775 - Pres

1980s

The 1980s saw the launch of CHAMPUS “demonstration” projects like the CHAMPUS Reform Initiative (CRI) in 1988. The CRI was tested in California and Hawaii and offered family members more choices in regards to their military healthcare benefits.

During the five-year demonstration period CRI operated successfully and yielded high levels of patient satisfaction.

1993

In 1993, the Department of Defense officials and Congress extended and improved the CRI. The new and improved program was renamed “TRICARE,” which is how the program is still known today. Three plan options were introduced: TRICARE Prime, TRICARE Standard, and TRICARE Extra (CHAMPUS evolved into “TRICARE Standard”).

To make the transition to TRICARE seamless for those already participating in CHAMPUS, the healthcare coverage, deductibles, cost shares, and claim-filing rules remained the same.



Staying Current with TRICARE Changes

- There are several online resources available to TRICARE staff to stay current with TRICARE benefits, policy, and transitions:
 - Access the www.tricare.mil for benefits and policy updates
 - Subscribe to updates through TRICARE Online
 - Read fact sheets and view “Frequently Asked Questions”
 - Visit the Pressroom
 - Subscribe to GovDelivery email service
 - Visit the TRICARE Transparency Portal



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